

**To:** All Providers of State and Medicaid Funded Services

**From:** Khristine Brewington  
VP of Network Management, MS, LCMHC, LCAS, CCS, CCJP

**Date:** June 26, 2020

**Subject:** Recruitment Opportunity Announcement; NCDHHS: Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities; NCDHHS: Updated Guidance on Outdoor Visitation for Larger Residential Settings (Adult Care Homes, Behavioral Health/IDD, Intermediate Care Facilities, Psychiatric Residential Treatment Facilities); Important NCSNAP Reminders

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### **RECRUITMENT OPPORTUNITY ANNOUNCEMENT**

#### **DAY TREATMENT REQUEST FOR PROPOSAL- RECRUITMENT OPPORTUNITY ANNOUNCEMENT**

Trillium has identified a need for a Day Treatment program in the Brunswick County school system located at Bolivia Elementary School. A Request for Proposal has been posted on the Trillium webpage. Deadline to apply is July 13, 2020. Providers interested in applying should review all eligibility requirements prior to submitting an application. Providers will be asked to submit a detailed project timeline including plans to begin the service at the onset of the 20/21 school year.

 [RFP-Day Treatment to Serve Members in Brunswick](#)

### **NCDHHS: GUIDANCE FOR SMALLER RESIDENTIAL SETTINGS REGARDING VISITATION, COMMUNAL DINING, GROUP AND OUTSIDE ACTIVITIES**

Restrictions for residential care facilities were put in place due to vulnerabilities of the population served and the size of these settings. As we move forward, this guidance differentiates smaller facilities from larger residential care facilities. This guidance applies to settings with 6 or fewer beds. For example: family care homes, supervised living group homes, and alternate family living arrangements where there is an ongoing need for caution but also a recognition of the differences in smaller family-like settings.

Each facility must have a written plan which outlines their facility's policy on visitation, communal dining, and group/outside activities. If your facility has an Infection Control Plan, these elements can be addressed in that document. The plan needs to include evaluations of the following factors:

1. The current COVID status of residents and staff or the presence of any symptoms.
  - a. Visitation, communal dining, or indoor or outdoor group activities should not take place if there are residents with either symptoms or a diagnosis of COVID-19.
2. Individual risk factors for complications from COVID-19 (including age and pre-existing conditions), needs, and ability of each resident to safely participate in activities. This includes the residents' ability to abide by infection prevention measures such as hand hygiene, use of cloth face covering, and social distancing.
3. The physical layout of the facility and the ability to provide space for social distancing.
4. Staff availability for supervision.
5. Procedures for conducting daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff, particularly those returning from extended visits or time outside of the home.

All of these factors will impact whether the facility should ease mitigation measures and provide opportunities for visitation, communal dining, and/or group/outside activities including residents' employment, day programs, and external visits. Facilities will need to balance the needs of all residents in making decisions regarding these activities; these guidelines are intended to assist facilities, families, and clients with decision making. Ultimately, this decision is based on the above factors. Some facilities may not be able to ease restrictions safely. The COVID-19 response policy, and any changes in plans, are to be communicated with residents, families, and guardians. Information on the policy and evaluation of factors used to determine the policy should be documented and available for administrative or regulatory agencies upon request.

If a decision is made by the facility based on the above factors to allow visitors, communal dining, or indoor or outside group activities, the following guidelines should be followed:

#### **VISITATION**

1. Identify designated locations conducive to visiting that allows for social distancing and limits visitor movement within the facility.
2. Ensure adequate staff to supervise, monitor, and assist as appropriate for the individual's needs.
3. Screen visitors for symptoms of illness, known exposure to COVID-19, and presence of a face covering.
4. The facility has the right to refuse visitation based upon screening and adherence to infection control measures including hand hygiene, use of cloth face covering, and social distancing.

5. Determine whether visitors should schedule visits in advance to provide adequate staff supervision of visits.
6. Consider limiting the number of visitors, such as to 2 per individual at a time.
7. Visitors should not enter the facility beyond the designated visiting area if one has been designated.
8. Disinfect any areas of the home where visitors have been with an approved EPA registered disinfectant after each visit.








### **COMMUNAL DINING**

1. Ensure 6 feet of space between each individual.
2. Plate food individually rather than family style.
3. Emphasize hand hygiene before and after meals.

### **GROUP ACTIVITIES AND OUTSIDE ACTIVITIES, INCLUDING EMPLOYMENT, ADULT DAY AND BH/IDD DAY PROGRAMS, AND HOME VISITS**

1. Adhere to infection prevention measures including hand hygiene, use of cloth face covering, and social distancing
2. Ensure face covering for all individuals.
3. Maintain social distance wherever possible, particularly in community settings. It is important to avoid close contact (being within 6 feet for 15 minutes or longer).
4. Limit group size such that infection prevention measures such as hand hygiene, use of cloth face covering, and social distancing can be appropriately followed.
5. Consider asking residents upon return for any exposure to close contacts with known COVID-19 (Close contact is defined as being within 6 feet for 15 minutes or longer).

For additional information, please see CDC guidance on COVID-19 related to individuals with disabilities and these settings:

-  [Guidance for Direct Service Providers](#)
-  [Guidance for Group Homes for Individuals with Disabilities](#)
-  [Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders](#)
-  [People with Developmental and Behavioral Disorders](#)
-  [Steps to Take if You are Sick](#)
-  [Ending Home Isolation \(If You Have Been Sick with COVID-19\)](#)
-  [Steps to Take if You are Exposed to COVID-19 \(Quarantine\)](#)

Additional information for family members: Community-based resources to support long-term care residents at home may be available. If a family member is interested in learning about

options for supporting a loved one at home, please contact the facility's social worker/administrator or the long-term care Ombudsman for resources that may be available.





### **NCDHHS: UPDATED GUIDANCE ON OUTDOOR VISITATION FOR LARGER RESIDENTIAL SETTINGS (ADULT CARE HOMES, BEHAVIORAL HEALTH/IDD, INTERMEDIATE CARE FACILITIES, PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES)**

To prevent outbreaks of COVID-19 in residential care facilities, federal authorities recommended restricting visitation. In addition, visitation to residential care facilities has been prohibited by NC Governor Executive Order except for compassionate care situations. NCDHHS recognizes that these restrictions have consequences to the overall health and well-being of residents and their families. NCDHHS also recognizes that residential care facilities are at risk of experiencing outbreaks of COVID-19 and the residents of these facilities are often in a high-risk category for serious complications from COVID-19. NCDHHS strongly encourages the continued use of technology to keep connected as much as possible.

To balance the needs of families and residents to see each other in person with the need to protect residents from COVID-19, this guidance outlines strict criteria for allowing outdoor visitation. Current data indicate that risk of transmission in outdoor settings is lower compared to indoor settings. This guidance excludes skilled nursing facilities, including combination skilled nursing/adult care assisted living facilities. This guidance is for adult care homes, behavioral health/IDD, intermediate care facilities, and psychiatric residential treatment facilities (PRTF) with 7 or more beds. (Facilities with 6 or fewer beds should refer to "Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities" stated above.

Facilities should continue to restrict indoor visitation, communal dining and group activities.

#### **FACILITIES THAT RE-OPEN TO VISITORS IN OUTDOOR LOCATIONS MUST FIRST MEET THE FOLLOWING PREREQUISITES:**

-  Facility must not be listed on the N.C. DHHS COVID website as having an ongoing outbreak.
-  Facility has a written testing plan and action plan based on testing in place. Facilities should:
  - ▶ Pre-identify a community partner or laboratory vendor to conduct testing in the event of a case or outbreak.
  - ▶ Determine who will write medical orders for residents and staff.
  - ▶ Determine who will collect specimens.
-  The physical layout of the outdoor visitation spaces must allow for appropriate social distancing of at least 6 feet between residents and visitors.
-  Any structures built or modifications made to the facility (including any outdoor space) to facilitate visitation cannot violate any N.C. Building Code, Life Safety Code, or any other building safety ordinance. Any modifications to the indoor or outdoor space of a facility to accommodate safe visitation must be pre-approved by the DHSR Construction Section.

**Facility Requirements:**

- 🌱 Facility should require scheduling of visits in advance and visits should be dependent on availability of suitable outdoor space and sufficient staffing and PPE at the facility to meet resident care needs.
- 🌱 Outdoor visitation spaces must provide adequate protection from weather elements and only occur at times when there are no weather warnings that would put visitors or residents at risk.
- 🌱 Facility should ensure appropriate personal care and supervision are provided for the safety of the resident by taking into consideration the needs of the resident and the situation. Some of these factors to be considered may include but are not limited to: the need for sunscreen, hydration, plan for supervising residents with wandering or other behaviors, appropriate clothing for the weather, and conditions or medications that may cause the resident to be heat-sensitive.
- 🌱 Facility should establish procedures for conducting pre-visit orientation to, and screenings of, visitors to include presence of symptoms and known exposure to COVID-19, and ensure visitors bring and wear a mask for face covering.
- 🌱 Visitor must be screened for fever or and other symptoms associated with COVID-19 (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) prior to resident being transported to the designated space
- 🌱 Facility must provide alcohol-based hand rub to visitors and demonstrate how to use it appropriately if necessary.
- 🌱 A residential care facility staff member trained in patient safety and infection control measures must available to transport residents to and from the visitation session, screen the visitors, and remind the visitors of the visitation protocols and infection prevention measures to be taken during the visit. The facility shall ensure privacy for the resident and their visitors.
- 🌱 Staff must wear a surgical face mask for the duration of the visit.
- 🌱 Designated area must be sanitized with EPA-registered disinfectant after each visit and as needed.
- 🌱 Designated area for the resident and for the visitors should be clearly marked maintaining 6 feet or more of separation.
- 🌱 A residential care facility should accommodate outdoor visitation to the greatest extent possible for each resident. The facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week visitation may occur.
- 🌱 Facility must communicate visitation requirements to residents, families and responsible parties, and must have a reasonable basis for modifying visitation requirements and reducing visitation opportunities.

## Resident Requirements:

- 🌱 Residents must have the ability (with or without assistance) to safely transition from their room to the visitation location and remain safe in the designated location.
- 🌱 Resident should not be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present. Residents should wear a face mask or face covering while moving through the facility.
- 🌱 Prioritization for visitation should be considered for residents with emotional distress, or when health and well-being are exacerbated by visitation restrictions.
- 🌱 Residents should wear a face mask or face covering during the visitation.

## Visitor Requirements

- 🌱 Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.
- 🌱 Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) should not be permitted to visit with a resident.
- 🌱 Visitors must be limited to no more than two individuals at a time per resident. Children visitors must be able to wear a face covering or mask during the entire visitation and remain with their guardian who will be responsible for assuring that all safety measures are followed.
- 🌱 Visitors must bring and wear a face covering or mask covering both the mouth and nose for the entire visit or wear a facility-provided surgical mask covering both the mouth and nose if the facility requires.
- 🌱 Visitors must use alcohol-based hand rub before and after visitation.
- 🌱 Visitors must stay in the designated outdoor facility locations.
- 🌱 Visitors must only visit the resident they intended to visit.
- 🌱 Visitors must remain at least 6 feet from the resident and staff at all times (exceptions can be made in compassionate care circumstances) during the visit.
- 🌱 Any visitor who develops a diagnosis of COVID-19 or signs and symptoms such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste within 2 days of visiting a resident must immediately notify the facility of the date they were visiting and the resident they were in contact with. Residential care facilities should immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.
- 🌱 Any visitor who fails to follow the facility's requirements shall not be permitted future visitation, except in a compassionate care situation (e.g., end of life).

Facilities should have discretion to alter visitation practices based on disease transmission in the facility or community, visitor non-compliance, or other factors.



Additional information for family members: Community-based resources to support long-term care residents at home may be available. If a family member is interested in learning about options for supporting a loved one at home, please contact the facility's social worker/administrator or the long-term care Ombudsman for resources that may be available.

## **IMPORTANT NCSNAP REMINDERS**

### **NC SNAP EXAMINER'S GUIDE**

#### [2017 NC Snap Examiner's Guide](#)





All persons served by the State's Developmental Disabilities (DD) System Require an NC SNAP:

-  Assessments should be completed and submitted upon initial contact with the I/DD service system (Provider)
-  Assessments should be updated annually and anytime a significant change has occurred in the individual's needs/level of support



NC SNAPs must be submitted via email or fax:

-  Email: [NCsnap@trilliumnc.org](mailto:NCsnap@trilliumnc.org)
-  Fax Number: 252-215-6874; 910-353-4954



Ensure NC SNAPs are filled out completely prior to submission:

-  Assessments missing pertinent information (Consumer ID Number, Type of Assessment, etc.) will be returned to the provider for correction
-  Individual's Case Number should be the member's Trillium Case/Record Number
-  Assessments may be completed "by hand" but should be written in clear/legible handwriting (please do not use cursive handwriting)
-  Members' social security numbers should not be recorded on NC SNAPs

Each page of the NC SNAP must be submitted for initial and annual assessments:

-  NC SNAP Summary Report & Supplemental Information forms may be sent in isolation for Discharge NC SNAPs only
-  Incomplete assessments will not be processed, and will be returned to the provider (via email)

Discharge NC SNAPs should be submitted as promptly as possible:

-  Please do not wait until the member is due for an annual NC SNAP update to submit discharge NC SNAP
-  If a member has changed providers, the new provider should be listed on the Summary Report & Supplemental Information page of the NC SNAP

NC SNAPs submitted via email must be sent securely:

- ♻️ Members' names/initials should not be listed within the subject line of the email (this is an electronic HIPPA violation)

The date of NC SNAP assessment should reflect the date that assessments are completed:

- ♻️ Assessments listing a future date cannot be entered into the database
- ♻️ Assessments containing a future date will be returned to the provider for correction

Past-due NC SNAP Notifications are sent out weekly:

- ♻️ Please respond to requests for updated NC SNAPs as promptly as possible
- ♻️ A Plan of Correction will be issued for providers that fail to submit assessments after the third request has been sent

Necessary corrections to a member's NC SNAP utilizing the following procedures:

- ♻️ Corrections should be made by the individual who completed the assessment
- ♻️ One single line shall be drawn through the error, making sure the original entry is still legible
- ♻️ The corrected information shall be recorded legibly above or near the original entry
- ♻️ An explanation as to the type of documentation error shall be included whenever the reason for the correction is unclear
- ♻️ Correction fluid or tape shall not be used for the correction of errors

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Any questions about this Communication Bulletin may be sent to the following email:

[NetworkManagement@TrilliumNC.org](mailto:NetworkManagement@TrilliumNC.org). These questions will be answered in a Q&A format and published on Trillium's website.